



DESIGNATION OF BENEFICIARIES BEFORE BENEFIT PAYMENTS FOR DEFINED BENEFIT PLAN PARTICIPANTS

Member's name _____ _____ <small>Street address</small> <small>Box no. or route no.</small> _____ <small>City</small> <small>State</small> <small>ZIP code</small>	SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> DATE OF BIRTH <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><small>Month</small></td> <td style="width: 33%; text-align: center;"><small>Day</small></td> <td style="width: 33%; text-align: center;"><small>Year</small></td> </tr> </table>				<small>Month</small>	<small>Day</small>	<small>Year</small>
<small>Month</small>	<small>Day</small>	<small>Year</small>					
Home phone (_____) _____ Daytime phone (_____) _____ <small style="margin-left: 50px;">Area code</small> <small>Area code</small>							
E-mail address _____							

GENERAL INFORMATION

(Please read this form, including Page 4, before completing it.)

The purpose of this beneficiary designation form is to determine settlement of your retirement account if your death occurs anytime before you accept benefit payments from STRS Ohio or while you are receiving STRS Ohio disability benefits, if eligible. This form is not applicable for designating beneficiaries after retirement.

Before completing a new designation of beneficiaries, it is important for you to become familiar with the information and instructions provided on this beneficiary form.

Ohio law provides a statutory succession of beneficiaries. More information about statutory succession is provided on Page 2. Please provide current family data as requested below for our records. The actual beneficiary designation will be made on Page 2 or 3.

REQUIRED FAMILY DATA (This is not your beneficiary designation.)				
Full Name	Check if Legally Adopted	DATE OF BIRTH		
		Month	Day	Year
SPOUSE:				
CHILDREN				
1.	<input type="checkbox"/>			
2.	<input type="checkbox"/>			
3.	<input type="checkbox"/>			
4.	<input type="checkbox"/>			
5.	<input type="checkbox"/>			
6.	<input type="checkbox"/>			
PARENTS LIVING				
Father:				
Mother:				

To the State Teachers Retirement Board of Ohio:

- I HEREBY DESIGNATE, in Part 1 or in Part 2, the following beneficiaries to receive my accumulated account, or any survivor benefits, in the event of my death before accepting benefit payments or while receiving disability benefits. I understand that this designation of beneficiaries will be canceled automatically by marriage; birth or adoption of a child; divorce, dissolution or legal separation; or withdrawal of my account.
- I UNDERSTAND that certain sole beneficiaries may elect to withdraw my account or receive monthly survivor benefits. I also understand that surviving joint beneficiaries named as follows will be eligible to share only in the withdrawal of my account and will not be eligible for monthly survivor benefits unless all the beneficiaries are qualified survivors.
- I UNDERSTAND that if I have qualified children* at the time of my death, all qualified survivors will receive monthly survivor benefits.
- I MAY change my beneficiaries at any time by filing a revised designation with STRS Ohio.

PART 1 — Statutory Succession of Beneficiaries

Statutory succession meets the needs of most members. If you have not previously filed a beneficiary designation, the statutory succession of beneficiaries now applies to your account. Marriage; birth or adoption of a child; divorce, dissolution or legal separation; or withdrawal of your account will automatically invoke the statutory succession of beneficiaries unless a new designation is completed and filed with STRS Ohio before your death.

Under statutory succession, beneficiaries qualify in the following order:

1. Spouse and qualified children*
2. Qualified children*
3. Nonqualified children, who share equally in a withdrawal of the STRS Ohio account
4. Dependent parent, if monthly benefits are elected
5. Parents, who share equally in a withdrawal of the STRS Ohio account
6. Estate

*Children (including legally adopted children) of a deceased member are qualified children if they are: (1) under age 18 and unmarried; or (2) under age 22, unmarried and attending school on at least a two-thirds-of-full-time basis; or (3) physically or mentally incapacitated and unmarried.

If your beneficiary is eligible or required to receive monthly survivor benefits, then all other qualified survivors (spouse, qualified children, dependent parents) will receive monthly survivor benefits. If your beneficiary is not qualified to receive monthly survivor benefits, a withdrawal of the account must be taken.

TO DESIGNATE SUCCESSION OF BENEFICIARIES AS OUTLINED ABOVE, place an X in ink in the box below.

Apply the statutory succession of beneficiaries.
If you mark this, do NOT complete Part 2 on Page 3.

Member's signature _____ Date signed _____

EMPLOYED BY: (If not currently teaching, please write: noncontributing.)

Employer _____

County _____

MARITAL STATUS:

- Single
- Married
- Widow
- Widower
- Separated
- Legally separated
- Divorced

STRS Ohio use only
Date filed: _____

BE SURE TO PROVIDE PRESENT FAMILY DATA ON PAGE 1 AND RETURN THE COMPLETED FORM TO STRS OHIO.

PART 2 — Designation of Beneficiaries by Name

If the statutory succession of beneficiaries does not meet the requirements of your situation, you may choose to designate beneficiaries by name. Please note that regardless of the beneficiaries you may designate by name, if you have any qualified children* at the time of your death, all qualified survivors will receive monthly survivor benefits. A refund of your account to a named beneficiary, inter vivos trust fund or estate will be made only if there are no qualified children* at the time of your death. If your situation is unusual, you should consult STRS Ohio about beneficiary designations.

Remember:

1. Choose your beneficiaries carefully. Retirement funds may be your largest asset.
2. Use complete names, not initials or nicknames.
3. Use the first name of married women.
4. If you want your beneficiaries to share equally in your retirement funds, list and connect all names with the word "AND" in the same beneficiary box.
5. Any corrections or use of correction fluid will invalidate this selection and the statutory succession of beneficiaries will apply.
6. Any change in marital status, the birth or adoption of a child or withdrawal of account will invalidate this designation.
7. If you name a trust, it must be an inter vivos trust. Only a lump-sum payment of the withdrawal value will be paid to a trust and only if there are no qualified children* eligible for monthly benefits at the time of your death.

* Children (including legally adopted children) of a deceased member are qualified children if they are: (1) under age 18 and unmarried; or (2) under age 22, unmarried and attending school on at least a two-thirds-of-full-time basis; or (3) physically or mentally incapacitated and unmarried.

TO DESIGNATE BENEFICIARIES BY NAME (please print)		DATE OF BIRTH		
	Relationship	Month	Day	Year
PRIMARY BENEFICIARY				
1st CONTINGENT BENEFICIARY				
2nd CONTINGENT BENEFICIARY				

I have read the information in this document and confirm the information provided to you is accurate. If I have designated a trust as beneficiary, I confirm it is an inter vivos trust.

Member's signature _____ Date signed _____

EMPLOYED BY: (If not currently teaching, please write: noncontributing.)

Employer _____

County _____

MARITAL STATUS:

- Single
- Married
- Widow
- Widower
- Separated
- Legally separated
- Divorced

<p>STRS Ohio use only</p> <p>Date filed: _____</p>
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BE SURE TO PROVIDE PRESENT FAMILY DATA ON PAGE 1 AND RETURN THE COMPLETED FORM TO STRS OHIO.

BENEFICIARY DESIGNATION CHECKLIST

This page is for your own use. Please review this checklist to ensure that you have completed the designation form completely and accurately.

- 1. Read all the directions carefully. If you have questions about the form, call STRS Ohio toll-free at 1-888-227-7877.
- 2. Complete all of the information on Page 1, including your personal and family data.
- 3. Complete Part 1 or Part 2, but not both. If you have completed both sections, contact STRS Ohio for a new form.
- 4. Sign your complete name on your designation of beneficiaries for Part 1 or Part 2. Please do not print or type your name for a signature.
- 5. Indicate the date (month, day and year) you signed the designation. This is vital for determining the most recent beneficiary designation.
- 6. Indicate your marital status.
- 7. Indicate employer by naming the school district, the university or the institution. If not currently teaching, write “noncontributing.”
- 8. Please make a copy of this document for your records.
- 9. A designation is not valid unless it is signed by the member and on file with STRS Ohio before the member’s death.
- 10. Provide only legal names either as beneficiaries or as signatures. Do not use nicknames or initials.

The following checklist applies only if you have chosen Part 2:

- 1. Provide your designation of beneficiaries without corrections. You should request a new form if you need to make corrections.
- 2. Provide full names of all beneficiaries designated in Part 2 of the beneficiary form.
- 3. Use the word “AND” to connect the names of joint beneficiaries written in the same beneficiary box to share equally in the refund of your account. Beneficiaries named jointly cannot qualify for survivor benefits unless they are all qualified survivors; they can receive only the cash refund of your account.
- 4. Indicate the relationship and date of birth of beneficiaries (month, day and year).
- 5. Designate beneficiaries by name. Do not designate “per stirpes” or “the survivors of ...”
- 6. Please make a copy of this document for your records.

STATE TEACHERS RETIREMENT SYSTEM OF OHIO

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Columbus, OH 43215-3771

1-888-227-7877
www.strsoh.org